#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00089132 24 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Jessica A. NAME Date Received **ELECTRONICALLY FILED** 07/15/2025 NICKNAME LAST **SUFFIX** Caird CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 6942 FM 1960 Rd. MAILING Receipt # Amount **ADDRESS** East, PMB #210 Change of Address Humble, TX 77346-2706 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Kenneth C. NAME NICKNAME LAST **SUFFIX** Courville **CAMPAIGN** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE APT / SUITE #; CITY; STATE: **TREASURER** 6942 FM 1960 Rd. **ADDRESS** East, PMB #145 (Residence or Business) Humble, TX 77346-2706 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 868-4357 **PHONE** REPORT TYPE January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) Х reporting limit

Forms provided by Texas Ethics Commission
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Month

Month

None

Day

Day

03/03/2026

OFFICE HELD (if any)

**ELECTION DATE** 

01/01/2025

Year

Year

PERIOD

10 ELECTION

11 OFFICE

**COVERED** 

**THROUGH** 

χ Primary

General

Month

**ELECTION TYPE** 

Runoff

Special

Day

06/30/2025

12 OFFICE SOUGHT (if known)

Year

Other

Court Of Appeals, Justice Place 5 District 1

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

2 of 24

13 C / OH NAME	Caird, Jessica A. (M	s.)	14 Filer ID 00089132	(Ethics Comr	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	committees to ceholder's kno notice of such	wledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
_	GENERAL	001111111111111111111111111111111111111			
	CDECIFIC	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREAS	URER NAME		
		COMMITTEE CAMPAIGN TREASU	URER ADDRESS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS ES OF LOANS, OR CONTRIBUTION	S(OTHER THAN PLEDGES, LOANS, NS MADE ELECTRONICALLY)	, \$	0.00
		CAL CONTRIBUTIONS	EES OF LOANS)	\$	100.00
EXPENDITURE TOTALS	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANT ZED POLITICAL EXPENDITURES	EES OF LOANS)	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES				3,967.51
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED	O AS OF THE LAST DAY OF THE	\$	118.70
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		NG LOANS AS OF THE LAST DAY	\$	25.00
17 AFFIDAVIT					
		I swear, or affirn true and correct under Title 15, E	n, under penalty of perjury, that the a and includes all information required Election Code.	.ccompanying I to be reported	report is d by me
			Ms. Jessica A. Caird		
			Signature of Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
Sworn to and subs	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and se	eal of office.		
Signature of offi	cer administering oath	Printed name of officer admini	stering oath Title of offic	er administerir	ng oath

# **SUBTOTALS - JC/OH**

# FORM JC/OH **COVER SHEET PG 3**

				3 of 24
18 FILER N. Caird, J	(Ethics C	ommission Filers)		
20 SCHEDU NAME O	SUB	BTOTAL AMOUNT		
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	100.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)	\$		
4. X	SCHEDULE E(J): LOANS (JUDICIAL)	\$	25.00	
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	6.30	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	3,961.21
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	

	MONETARY POLITICAL CONTRIBUTION	NS	SCHEDULE A(J)1
	The Instruction Guide explains how to complete this for	otal pages Schedule A(J)1: ch: 1/1 Rpt: 4/24	
2	FILER NAME	3 Fi	iler ID (Ethics Commission Filers)
	Caird, Jessica A. (Ms.)	0	0089132
4	Date 5 Full name of contributor out-of-state PAC (ID#:		mount of Contribution (\$)
	06/28/2025 George, Lindsea (Mr.)		\$100.00
	6 Contributor address; City; State; Zip Code Friendswood, TX 77546		
Ω	Contributor's Principal Occupation 9	Contributor's Job Title	
0	Prosecutor Principal Occupation	Assistant District Attorney	
10		1 Law firm of contributor's spouse	(if any)
10	Harris County	Leave mini or continuator's spouse	(11 atty)
_	2 If contributor is a child, law firm of parent(s) (if any)		

	LOANS (J	UDICIAL)			SCHEDULE E(J)		
	The Instruction	n Guide explains how to complete this f	orm.	1	ges Schedule E(J): 1 Rpt: 5/24		
2	FILER NAME Caird, Jessica A	. (Ms.)		3 Filer ID 000891	(Ethics Commission Filers)		
4	TOTAL OF UN	IITEMIZED LOANS			\$		
5	Date of loan 01/14/2025	7 Name of lender	C (ID#:	)	9 Loan Amount (\$) \$25.00		
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code		10 Interest Rate 0 11 Maturity Date		
	110	Humble, TX 77346					
12	Lender's Principal	Occupation	13 Lender's Job Title				
	Prosecutor		Assistant District Attorne				
14	Lender's Employe	r/Law Firm	15 Law Firm of lender's spous	, ,,	DI O		
4.0	Harris Conty	5 ( ) ( ) ( ) ( )	Currin, Wuest, Mielke, F	Paul & Knap	op, PLLC		
16	If lender is child, la	w firm of parent(s) (if any)					
17	Description of Coll	ateral	18 Check if personal funds we	ere deposited	l into political account		
	X None		X	•	(See Instructions)		
19	GUARANTOR INFORMATION	20 Name of guarantor			22 Amount Guaranteed (\$)		
	X not applicable	<b>21</b> Guarantor address; City; State;	Zip Code				
23	Guarantor's Princi	pal Occupation	24 Guarantor's Job Title				
25	Guarantor's Emplo	oyer/Law Firm	26 Law Firm of guarantor's spouse (if any)				
27	If guarantor is child	d, law firm of parent(s) (if any)					

# POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Credit Card Payment	The Instruction Guide explains how to co	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 1/1 Rpt: 6/24	Caird, Jessica A. (Ms.)	00089132
4 Date	5 Payee name	
06/28/2025	Anedot	
6 Amount (\$) \$4.30	7 Payee address; City; State; Zip C 555 Hilton Ave Ste 106	ode
	Baton Rouge, LA 70808	1
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Credit Card Fees for Campaign Contributions
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sol	ught Office held
Date	Payee name	
02/28/2025	Independent Financial	
Amount (\$) \$2.00	Payee address; City; State; Zip C PO Box 3035	ode
	McKinney, TX 75070	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Accounting/Banking	(b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Checking Account Fee
Complete ONLY if direct expenditure to benefit C/C	Candidate/Officeholder name Office sol	ught Office held

#### SCHEDULE G

# Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/ The Instruction Guide explains how to c	Wages/Contract Labor OTHER (enter a category not listed above)  omplete this form.	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 1/17 Rpt: 7/24	Caird, Jessica A. (Ms.)	00089132	
4	Date	5 Payee name	·	
	03/10/2025	Caird, Jessica (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip C	ode	_
	\$36.05	6942 FM 1960 Rd E PMB 210		
	Reimbursement from			
	x political contributions intended	Humble, TX 77346		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T.	_
	OF	Travel In District	Check if Austin, TX, officeholder living expense	
	EXPENDITURE		Mileage reimbursement-Texas Asian Republican Club Meeting	
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought Office held	_
3	expenditure to benefit	Candidate/Onicendider name	Office Sought Office Held	
	C/OH			
	Date	Payee name		_
	03/10/2025	Caird, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip C	ode	_
	\$1.35	6942 FM 1960 Rd E PMB 210		
	Reimbursement from			
	X political contributions intended	Humble, TX 77346		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
			Toll-Texas Asian Republican Club Meeting	
		Candidate/Officeholder name	Office sought Office held	-
	expenditure to benefit C/OH			
		<b>,</b>		_
	Date	Payee name		
	03/17/2025	Caird, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip C	ode	
	\$24.01	6942 FM 1960 Rd E PMB 210		
	Reimbursement from political contributions			
	intended	Humble, TX 77346		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	_
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense	
			Mileage reimbursement	
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name	Office sought Office held	
	C/OH			
				-

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 2/17 Rpt: 8/24 Caird, Jessica A. (Ms.) 00089132 Date Payee name 03/19/2025 Caird, Jessica (Ms.) Payee address; Amount (\$) City; State; Zip Code \$36.05 6942 FM 1960 Rd E PMB 210 Reimbursement from political contributions Х intended Humble, TX 77346 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Mileage-FBCO Republican Women Club Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2025 Caird, Jessica (Ms.) Amount (\$) Payee address; City; State; Zip Code \$12.88 6942 FM 1960 Rd E PMB 210 Reimbursement from political contributions Х Humble, TX 77346 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Mileage-FBCO Lincoln-Reagan Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/04/2025 Caird, Jessica (Ms.) Payee address; City; State; Zip Code Amount (\$) \$52.22 6942 FM 1960 Rd E PMB 210 Reimbursement from Χ political contributions intended Humble, TX 77346 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Mileage-FBCO Lincoln-Reagan Dinner Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	r - I Committee	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Vages/Contract Labor		Travel in Dis Travel Out of	
	<u>,                                      </u>		The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 3/17 Rpt: 9/24	Caird, Jessi	ca A. (Ms.)			(	0008913	2
4	Date	5 Payee name				•		
	04/15/2025	Caird, Jessi	ca (Ms.)					
6	Amount (\$)	7 Payee addres	ss; City; State;	; Zip Co	ode			
	\$12.88	6942 FM 19	60 Rd E PMB 210					
	Reimbursement from							
	X political contributions intended	Humble, TX	77346					
8	PURPOSE	(a) Category (Se	e Categories listed at the top of this sch	edule)	(b) Description	Che	eck if travel o	utside of Texas. Complete Schedule T.
	OF	Travel In Di		,		Che	eck if Austin,	TX, officeholder living expense
	EXPENDITURE				Mileage-Greater	Hou	iston Pad	chyderm Lunch
								•
9	Complete ONLY if direct	L Candidate/Officeh	nolder name		Office sought			Office held
	expenditure to benefit C/OH							
	С/ОП							
	Date	Payee name						
	04/22/2025	Caird, Jessi	ca (Ms.)					
	Amount (\$)	Payee addres	ss; City; State;	; Zip Co	ode			
	\$49.00	6942 FM 19	60 Rd E PMB 210					
	Reimbursement from							
	x political contributions intended	Humble, TX	77346					
	PURPOSE		e Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	utside of Texas. Complete Schedule T.
	OF	Travel In Di	,	cuuicj		=		TX, officeholder living expense
	EXPENDITURE	Travel III Bi	Strict		Mileage-Hearts o	<del></del> of To	mball W	omen's Club Meeting
								J
	Complete ONLY if direct	L	nolder name		Office sought			Office held
	expenditure to benefit				· ·			
	C/OH							
	Date	Payee name						
	04/28/2025	Caird, Jessi	ca (Ms.)					
	Amount (\$)	Payee addres	ss; City; State;	; Zip Co	ode			
	\$43.96	6942 FM 19	60 Rd E PMB 210					
	Reimbursement from							
	X political contributions intended	Humble, TX	77346					
	PURPOSE	Category (Se	e Categories listed at the top of this sch	edule)	Description	Che	eck if travel o	outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In Di	strict			Che	eck if Austin,	TX, officeholder living expense
	EXPENDITORE				Mileage-Magic C	Circle	Women	's Club Meeting
		Candidate/Officel	nolder name		Office sought			Office held
	expenditure to benefit C/OH							
	G/OIT							

# SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Comn	r (nittee L	Good/Beverage Expense Gift/Awards/Memorials Exper Legal Services	nse P S	Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Travel in Travel O	District ut of District	ory not listed above)
				The Instruction Guide	explains ho	w to cor	nplete this form.				
1	Total pages Schedule G:	2 F	ILER NAME					3	Filer ID	(Ethics	Commission Filers)
	Sch: 4/17 Rpt: 10/24	0	Caird, Jessic	a A. (Ms.)					00089	132	
4	Date	5 P	ayee name								
	05/01/2025	1	Caird, Jessic	a (Ms.)							
6	Amount (\$)	<b>7</b> P	ayee addres	s; City;	State; 2	Zip Cod	le				
	\$85.12	6	942 FM 196	60 Rd E PMB 210							
	Reimbursement from										
	X political contributions intended	+	Humble, TX	77346							
8	PURPOSE	(a) C	Category (See	Categories listed at the top	of this schedu	ule)	(b) Description	Cl	neck if trav	el outside of T	exas. Complete Schedule T.
	OF	1	ravel In Dis					CI	neck if Aus	stin, TX, officeh	nolder living expense
	EXPENDITURE						Mileage-Austin (	Cou	nty Exe	ecutive Co	mmittee Meeting
9	Complete ONLY if direct expenditure to benefit	Cand	idate/Officeh	older name			Office sought			Office	held
	C/OH										
	Date	P	ayee name								
	05/03/2025	ı	Caird, Jessic	a (Ms.)							
		<u> </u>		,	State: 2	7in Cor	lo.				
	Amount (\$)	1	Payee addres	•	State, 2	zip Cot	ie				
	\$45.64	ا ا	942 FM 196	60 Rd E PMB 210							
	Reimbursement from political contributions intended		lumble, TX	77346							
	PURPOSE		Category (See	e Categories listed at the top	of this schedu	ule)	Description	CI	neck if trav	el outside of T	exas. Complete Schedule T.
	OF	I	ravel In Dis					=			nolder living expense
	EXPENDITURE						- Mileage-Menudo	– o Sa	turday	Club Mee	eting
							Ü		,		Ū
	Complete ONLY if direct	<u>I</u> Cand	idate/Officeh	older name			Office sought			Office	held
	expenditure to benefit	Cana	idato, O ilioon				Omoc Sought			011100	11010
	C/OH										
	Date	Гр	ayee name								
	05/08/2025	1	Caird, Jessic	a (Ms.)							
_		-	ayee addres		State; 2	7in Co	lo.				
	Amount (\$) \$48.72	I	•	•	State, 2	zip Cot	ie				
	\$48.72	°	1942 FIVI 190	60 Rd E PMB 210							
	Reimbursement from political contributions intended		lumble, TX	77346							
	PURPOSE	C	Category (See	e Categories listed at the top	of this schedu	ule)	Description	CI	neck if trav	rel outside of T	exas. Complete Schedule T.
	OF	т	ravel In Dis	trict			Ī	CI	neck if Aus	stin, TX, officeh	nolder living expense
	EXPENDITURE						Mileage-Cypres	s Re	epublica	ans Meeti	ng
	Complete ONLY if direct	Cand	idate/Officeh	older name			Office sought			Office	held
	expenditure to benefit	24114					255 Godgill			3,,,,,	
L	C/OH										

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling y - Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense   Expense s/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME	3	,
	Sch: 5/17 Rpt: 11/24	Caird, Jessica A. (Ms.)		00089132
4	Date 05/12/2025	5 Payee name Caird, Jessica (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip (	nde .	
	\$77.00	6942 FM 1960 Rd E PMB 210	5000	
	Reimbursement from political contributions intended	Humble, TX 77346		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
	EXPENDITURE		Mileage-Brazoria C	County Executive Committee meeting
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/13/2025	Caird, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$112.42	6942 FM 1960 Rd E PMB 210		
	X Reimbursement from political contributions intended	Humble, TX 77346		
	PURPOSE	Category (See Categories listed at the top of this schedule)	· <u>—</u>	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Mileage-Washingto Meeting	on County Executive Committee
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	05/17/2025	Caird, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$93.17	6942 FM 1960 Rd E PMB 210		
	X Reimbursement from political contributions intended	Humble, TX 77346		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description 0	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Mileage-Angleton F	Republican Women Meeting
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

#### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense Polling - Gift/Awards/Memorials Expense Printin	Overhead/Rental Expense g Expense g Expense es/Wages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1	Total pages Schedule G:	2 FILER NAME	3	Filer ID (Ethics Commission Filers)
	Sch: 6/17 Rpt: 12/24	Caird, Jessica A. (Ms.)		00089132
4	Date	5 Payee name		
-	05/20/2025	Caird, Jessica (Ms.)		
6	Amount (\$)	7 Payee address; City; State; Zip	Codo	
U	\$19.95	6942 FM 1960 Rd E PMB 210	Code	
		0342 FW 1300 Rd E FWD 210		
	X Reimbursement from political contributions			
	intended	Humble, TX 77346		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(, =	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Mileage-Red Ride	rs Republican Club Meeting
_	0 1: 0:::::::::::::::::::::::::::::::::			000
9	expenditure to benefit	Candidate/Officeholder name	Office sought	Office held
	C/OH			
	Date	Payee name		
	05/28/2025	Caird, Jessica (Ms.)		
	Amount (\$)	Payee address; City; State; Zip	Code	
	\$32.34	6942 FM 1960 Rd E PMB 210		
	Reimbursement from			
	X political contributions intended	Humble, TX 77346		
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District		Check if Austin, TX, officeholder living expense
			Mileage-Magic Cir	cle Candidate Forum
		Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OH			
	Doto	Г _		
	Date 06/12/2025	Payee name Caird, Jessica (Ms.)		
		, ,	0.1	
	Amount (\$)	Payee address; City; State; Zip 6942 FM 1960 Rd E PMB 210	Code	
	\$76.44	0942 FW 1900 RU E PWB 210		
	X Reimbursement from political contributions			
	intended	Humble, TX 77346		
	PURPOSE OF	Category (See Categories listed at the top of this schedule)		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	EXPENDITURE	Travel In District	<u>'</u>	
			ivilleage-vvaller C0	unty GOP Executive Meeting
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit	Cartalactor Cincondider Hame	Office 30ugrit	Silice field
	C/OH			

#### SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Office Over Polling Ex Printing E: Salaries/V	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 7/17 Rpt: 13/24		Caird, Jessica A. (Ms.)				00089132
4	Date	5	Payee name				
	06/13/2025		Caird, Jessica (Ms.)				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$28.77		6942 FM 1960 Rd E PMB 210				
	Reimbursement from political contributions intended		Humble, TX 77346				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			CI	heck if Austin, TX, officeholder living expense
					Mileage-Harris C	oui	nty GOP Lincoln-Reagan Dinner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/14/2025		Caird, Jessica (Ms.)				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$43.26		6942 FM 1960 Rd E PMB 210				
	Reimbursement from political contributions intended		Humble, TX 77346				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			_	heck if Austin, TX, officeholder living expense
					Mileage-Harris C	oui	nty GOP Signing Party
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held
	Date		Payee name				
	06/17/2025		Caird, Jessica (Ms.)				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$19.95		6942 FM 1960 Rd E PMB 210				
	Reimbursement from						
	X political contributions intended		Humble, TX 77346				
	PURPOSE		Category (See Categories listed at the top of this sched	dule)	Description	⊒ .	heck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Travel In District			CI	heck if Austin, TX, officeholder living expense
					Mileage-political	me	eting
L							
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought		Office held

#### SCHEDULE G

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Constituting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Travel out of District Travel (enter a category not listed above)
			The Instruction Guide explains	now to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAM	E			ı	Filer ID (Ethics Commission Filers)
	Sch: 8/17 Rpt: 14/24	Caird, Jess	sica A. (Ms.)				00089132
4	Date	5 Payee name	!			•	
L	06/21/2025	Caird, Jess	sica (Ms.)				
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode		
	\$93.17	6942 FM 1	960 Rd E PMB 210				
	Reimbursement from						
	X political contributions intended	Humble, T	X 77346				
8	PURPOSE	(a) Category (s	See Categories listed at the top of this sch	nedule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict			_	eck if Austin, TX, officeholder living expense
	<del>-</del>				Mileage-Angletor	n Re	epublican Women Meeting
9	expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						
	Date	Payee name	<u> </u>				
	06/23/2025	Caird, Jess					
	Amount (\$)	Payee addre	<u> </u>	; Zip Co	ode		
	\$26.88	1	960 Rd E PMB 210	,p oc	<del></del>		
		0072 1 W 1	000 NG E 1 MD 210				
	Reimbursement from political contributions intended	Humble, T	X 77346				
	PURPOSE	Category (s	See Categories listed at the top of this sch	nedule)	Description	Ch	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict			Ch	eck if Austin, TX, officeholder living expense
	LAFLINDITURE				Mileage-West Lo	ор (	Conservatives Meeting
	Complete ONLY if direct	Candidate/Office	holder name		Office sought		Office held
	expenditure to benefit C/OH						
	Date	Payee name					
	06/28/2025	Caird, Jess	sica (Ms.)				
	Amount (\$)	Payee addre	ess; City; State	; Zip Co	ode		
	\$60.90	6942 FM 1	960 Rd E PMB 210				
	Reimbursement from						
	X political contributions intended	Humble, TX	X 77346				
	PURPOSE	Category (S	See Categories listed at the top of this sch	nedule)	Description	_	neck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In D	istrict			_	eck if Austin, TX, officeholder living expense
	_/				Mileage-Galvesto	on C	County Lincoln-Reagan Dinner
L						_	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	holder name		Office sought		Office held
	C/OH						

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Contributions/ Donations Made By -Gift/Awards/Memorials Expense Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 9/17 Rpt: 15/24 Caird, Jessica A. (Ms.) 00089132 Date Payee name 06/30/2025 Caird, Jessica (Ms.) Payee address; Amount (\$) City; State; Zip Code \$21.21 6942 FM 1960 Rd E PMB 210 Reimbursement from political contributions Х intended Humble, TX 77346 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Mileage-Harris County GOP Signing Party Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/22/2025 Caird, Jessica (Ms.) Amount (\$) Payee address; City; State; Zip Code \$5.40 6942 FM 1960 Rd E PMB 210 Reimbursement from political contributions Х Humble, TX 77346 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Tolls-Hearts of Tomball Women's Club Meeting Candidate/Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Payee name 05/08/2025 Caird, Jessica (Ms.) Payee address; City; State; Zip Code Amount (\$) \$2.70 6942 FM 1960 Rd E PMB 210 Reimbursement from Χ political contributions intended Humble, TX 77346 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Travel In District **EXPENDITURE** Tolls-Cypress Republicans Meeting Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Ci  The Instruction Guide explains how to complete	
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/17 Rpt: 16/24	Caird, Jessica A. (Ms.)	00089132
4	Date	5 Payee name	
	05/12/2025	Caird, Jessica (Ms.)	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2.70	6942 FM 1960 Rd E PMB 210	
	Reimbursement from		
	X political contributions intended	Humble, TX 77346	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) D	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Tolls	-Brazoria County Executive Committee Meeting
9	Complete ONLY if direct	Candidate/Officeholder name Of	fice sought Office held
	expenditure to benefit		
	C/OH		
	Date	Payee name	
	05/13/2025	Caird, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.35	6942 FM 1960 Rd E PMB 210	
	Reimbursement from		
	X political contributions intended	Humble, TX 77346	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Tolls	-Washington County Executive Committee Meeting
	Opening ONE V if direct	Our district Office had decreased	Office held
	Complete ONLY if direct expenditure to benefit	Candidate/Officeholder name Of	ffice sought Office held
	C/OH		
	Date	Payee name	
	06/12/2025	Caird, Jessica (Ms.)	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1.35	6942 FM 1960 Rd E PMB 210	
	Reimbursement from		
	X political contributions intended	Humble, TX 77346	
	PURPOSE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
	EXI ENDITORE	Tolls	-Waller County GOP Executive Meeting
L			
		Candidate/Officeholder name Of	fice sought Office held
	expenditure to benefit C/OH		

# SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Commit Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/N	Expense Wages/Contract Labor		Travel in Di Travel Out		
	·		The Instruction Guide explains	how to co	omplete this form.				
1	Total pages Schedule G:	2 FILER NA	ME			3	Filer ID	(Ethics Commission	n Filers)
	Sch: 11/17 Rpt: 17/24	Caird, Je	essica A. (Ms.)				000891	32	
4	Date	5 Payee nai	me			•			
	06/28/2025	1	essica (Ms.)						
6	Amount (\$)	7 Payee add	dress; City; State	e; Zip Co	ode				
	\$1.35	1 -	1960 Rd E PMB 210						
	Reimbursement from								
	x political contributions intended	Humble,	TX 77346						
8	PURPOSE	(a) Category	(See Categories listed at the top of this sch	hedule)	(b) Description	=		outside of Texas. Complete	
	OF EXPENDITURE	Travel In	District		L	_		n, TX, officeholder living expe	ense
	<b>—</b> /4: ————				Tolls-Harris Cour	nty (	GOP Sig	gning Party	
9	Complete ONLY if direct	Candidate/Off	iceholder name		Office sought			Office held	
	expenditure to benefit C/OH								
	Date	Payee nai	me						
	06/30/2025	Caird, Je	essica (Ms.)						
	Amount (\$)	Payee add	dress; City; State	e; Zip Co	ode				
	\$8.10	6942 FM	1960 Rd E PMB 210						
	Reimbursement from								
	x political contributions intended	   Humble.	TX 77346						
_	PURPOSE	<u> </u>	(See Categories listed at the top of this sch	dlo\	Description	¬ <sub>Ch</sub>	ock if travel	outside of Texas. Complete	Schodule T
	OF	Travel In	•	rieuuie <i>j</i>		=		n, TX, officeholder living expe	
	EXPENDITURE	liaveiiii	District		Tolls-Galveston (	<b>⊣</b> Cou	ntv Linc	oln-Reagan Dinner	
						000		om roagan zamen	
	Complete ONLY if direct	Candidate/Off	iceholder name		Office sought			Office held	
	expenditure to benefit	Carraraato/Ciii	ocholaci hame		Omeo sought			Omoo noid	
	C/OH								
	Date	Payee nai	me						
	02/24/2025	Campaig	n Partners LLC						
	Amount (\$)	Payee add	dress; City; State	e; Zip Co	ode				
	\$1,000.00	8035 Crc	oss Trail Dr						
	Reimbursement from								
	X political contributions intended	Sugarlan	nd, TX 77479						
	PURPOSE	Category	(See Categories listed at the top of this sch	hedule)	Description	_		outside of Texas. Complete	
	OF EXPENDITURE	Consultir	ng Expense			_		n, TX, officeholder living expe	ense
					Campaign Consu	ultar	nt		
	Complete ONLY if direct expenditure to benefit	Candidate/Off	iceholder name		Office sought			Office held	
	C/OH								

#### SCHEDULE **G**

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense

Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling E Printing E Salaries/	Expense Wages/Contract Labor	Transportation E Travel in District Travel Out of Dis			
	oroun ouru r aymoni			The Instruction Guide explains	how to c	omplete this form.		
1	Total pages Schedule G:	2	FILER NAME				3 Filer ID (E	thics Commission Filers)
	Sch: 12/17 Rpt: 18/24		Caird, Jessi	ica A. (Ms.)			00089132	
4	Date	5	Payee name					
	02/03/2025		Copy Post &	& Ship				
6	Amount (\$)	7	Payee addres	ss; City; State	; Zip C	ode		
	\$120.00	ľ	6942 FM 19		,p o			
	Reimbursement from							
	x political contributions intended		Humble, TX	77346				
8	PURPOSE	(a)	Category (Se	ee Categories listed at the top of this sch	nedule)	(b) Description	₫	de of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overl	head/Rental Expense			Check if Austin, TX,	officeholder living expense
						Post Office Box F	Rental	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeh	nolder name		Office sought	C	office held
	Date		Payee name					
	05/08/2025		Cypress Re	publicans				
	Amount (\$)	H	Payee addres	ss; City; State	; Zip C	ode		
	\$5.80		•	ng Cypress Rd	,p o			
			10200 Opin	ig Cypress ru				
	X Reimbursement from political contributions intended		Cypress, TX	K 77429				
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	nedule)	Description	₫	de of Texas. Complete Schedule T.
	OF EXPENDITURE		Food/Bever	age Expense			Check if Austin, TX,	officeholder living expense
						Tea at Cypress F	tepublican mee	eting
	•	Car	ndidate/Officel	nolder name		Office sought	C	office held
	expenditure to benefit C/OH							
		_						
	Date		Payee name					
	06/16/2025		Fast Signs					
	Amount (\$)		Payee addres	ss; City; State	; Zip C	ode		
	\$66.88		6115 Westh	neimer Rd				
	Reimbursement from							
	X political contributions intended		Houston, T	X 77057				
	PURPOSE		Category (Se	ee Categories listed at the top of this sch	nedule)	Description		de of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising	Expense		L	_	officeholder living expense
						Campaign name and Husband	tags with camp	paign logo for Candidate
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeh	nolder name		Office sought	C	office held
$\vdash$								

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 13/17 Rpt: 19/24	Caird, Jessica A. (Ms.)	00089132			
4	Date	5 Payee name				
	03/19/2025	Fort Bend County Republican Women				
ے	Amount (\$)	7 Payee address; City; State; Zip Code				
ľ	\$10.00	7407 Rain Drop Ct.				
		7407 Kain Diop Ct.				
	Reimbursement from political contributions intended	Richmond, TX 77409				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.			
ľ	OF	Event Expense	Check if Austin, TX, officeholder living expense			
	EXPENDITURE	Meeting Fee				
		oomig i oo				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit	·				
L	С/ОН					
Г	Date	Payee name				
	04/15/2025	Greater Houston Pachyderm Club				
Г	Amount (\$)	Payee address; City; State; Zip Code				
	\$30.00	1605 Post Oak Blvd				
	Reimbursement from					
	X political contributions intended	Houston, TX 77056				
┝	PURPOSE		Check if travel outside of Texas. Complete Schedule T.			
	OF	Category (See Categories listed at the top of this schedule)  Event Expense	Check if dustin, TX, officeholder living expense			
	EXPENDITURE	Meeting Ticket				
		incoming names				
⊢	Complete ONLY if direct	L Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit		22			
L	C/OH					
Г	Date	Payee name				
	04/06/2025	Harris County GOP				
┢	Amount (\$)	Payee address; City; State; Zip Code				
	\$500.00	8588 Katy Fwy Ste 445				
	Reimbursement from					
	X political contributions intended	Houston, TX 77024				
Г	PURPOSE	Category (See Categories listed at the top of this schedule) Description	Check if travel outside of Texas. Complete Schedule T.			
	OF EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense			
	LAI LINDITORL	Tickets to Harr	s County Lincoln-Reagan Dinner			
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held			
dash	С/ОП					

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Ex Printing E Salaries/V	xpense Nages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L			The Instruction Guide explains	how to co	omplete this form.		
1	Total pages Schedule G:	2 FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 14/17 Rpt: 20/24	Caird, Jessi	ica A. (Ms.)				00089132
4	Date	5 Payee name					
	04/04/2025	Hart, Brad (	Judge)				
6	Amount (\$)	7 Payee addre	ss; City; State	; Zip Co	ode		
	\$500.00	12654 Mem	orial Dr Ste F1 PMB 724				
	Reimbursement from						
	X political contributions intended	Houston, T	X 77024				
8	PURPOSE	(a) Category (Se	ee Categories listed at the top of this sch	nedule)	(b) Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Event Expe	nse		L	_	eck if Austin, TX, officeholder living expense
					Fort Bend County	y Lir	ncoln-Reagan Dinner Tickets (2)
L							
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officel	nolder name		Office sought		Office held
	Date	Payee name					
	06/19/2025	Kingwood F	Rotary Club				
_	Amount (\$)	Payee addre		; Zip Co	nde		
	` ,	1 ,		, Zip C(	Jue		
	\$75.00	PO Box 512	Ú				
	Reimbursement from political contributions intended	Kingwood, <sup>-</sup>	TX 77325				
	PURPOSE	Category (se	ee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF	Event Expe		,		_	eck if Austin, TX, officeholder living expense
	EXPENDITURE		<del>-</del> -		Fee for Walking i	_ in th	ie Kingwood July 4 Parade
							,
$\vdash$	Complete ONLY if direct	I Candidate/Officel	nolder name		Office sought		Office held
	expenditure to benefit				2 2 2 2 2 3 . It		
	C/OH						
f	Date	Payee name					
	03/17/2025	Los Cucos					
$\vdash$	Amount (\$)	Payee addre	ss; City; State	; Zip Co	nde		
	\$12.81	1	way 59 North	, <u>-</u> ip Cl	Juc		
		23730 Figit	way Jo Morui				
	Reimbursement from political contributions intended	Kingwood, <sup>-</sup>	TX 77339				
Т	PURPOSE	Category (Se	ee Categories listed at the top of this sch	nedule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Bever	age Expense			Ch	eck if Austin, TX, officeholder living expense
	EAPENDITURE		•		Kingwood Tea Pa	arty	Meeting
	Complete ONLY if direct	<u>I</u> Candidate/Officel	nolder name		Office sought		Office held
	expenditure to benefit				<b>5</b> ·		
L	C/OH						

#### SCHEDULE **G**

# **EXPENDITURE CATEGORIES FOR BOX 8(a)**

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services  The Instruction Guide explains I	Office Ov Polling Ex Printing E Salaries/V	Expense Wages/Contract Labor	Solicitation/Fundratising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 15/17 Rpt: 21/24		Caird, Jessica A. (Ms.)			00089132
4	Date	5	Payee name			
	05/28/2025		Magic Circle Candidate Forum			
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode	
	\$40.00		9 Rollingwood Dr			
	Reimbursement from political contributions intended		Houston, TX 77024			
			Houston, 1× 17024			
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		L	Check if Austin, TX, officeholder living expense
					Ticket to Candida	ate Forum
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	04/28/2025		Magic Circle Republican Women			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$30.00		2019 Post Oak Blvd.			
	Reimbursement from political contributions					
	intended		Houston, TX 77056			
	PURPOSE		Category (See Categories listed at the top of this sche	edule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Event Expense		l L	Check if Austin, TX, officeholder living expense
					Lunch Meeting	
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	06/21/2025		Michael's Craft Store			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$16.54		19123 West Lake Houston Pkwy			
	Reimbursement from					
	X political contributions intended		Humble, TX 77346			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Advertising Expense			Check if Austin, TX, officeholder living expense
	LAI ENDITORE				Foam board for h	Kingwood July 4 parade campaign sign
	Complete ONLY if direct expenditure to benefit C/OH	Cai	ndidate/Officeholder name		Office sought	Office held

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Advertising Expense Event Expense

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 16/17 Rpt: 22/24	Caird, Jessica A. (Ms.)	00089132
4	Date	5 Payee name	
	05/03/2025	Ninfa's Mexican Restaurant	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$21.80	8553 Gulf Fwy	
	Reimbursement from political contributions intended	Houston, TX 77017	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
		Meal at Menudo	Club Meeting
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		200
9	expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/17/2025	Pocock Promotions	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$75.08	12406 Pecos Bluff Ct	
	Reimbursement from political contributions intended	Humble, TX 77346	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
		Campaign T-Shi	rts with Logo
_	Complete ONLY if direct	Canadidata/Officahaldau nama	Office hold
	expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	06/13/2025	Royal Sonesta Hotel	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$12.00	2222 West Loop South	
	Reimbursement from political contributions intended	Houston, TX 77027	
	PURPOSE	Category (See Categories listed at the top of this schedule)  Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Travel In District	Check if Austin, TX, officeholder living expense
		Parking for Harr	is County Lincoln-Reagan Dinner
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Printing Expense Salaries/Wages/Contract Labor Gift/Awards/Memorials Expense Travel Out of District Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 17/17 Rpt: 23/24 Caird, Jessica A. (Ms.) 00089132 Date Payee name 06/21/2025 Walmart 6 Amount (\$) Payee address; City; State; Zip Code 6626 FM 1960 Rd E \$70.53 Reimbursement from political contributions Х intended Humble, TX 77346 **PURPOSE** Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Parade sign supplies and candy to hand out at Kingwood July 4 parade Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/30/2025 Wix.com Amount (\$) Payee address; City; State; Zip Code \$198.48 100 Gansevoort St Reimbursement from political contributions Х New York, NY 10014 intended **PURPOSE** Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Advertising Expense **EXPENDITURE** Website hosting service 1 year subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

	OUTSTAN	NDING LOANS	SCHEDULE L									
	The Instruction	on Guide explains how to complete this form.	1 Total pages Schedule L: Sch: 1/1 Rpt: 24/24									
2	FILER NAME Caird, Jessica A	A. (Ms.)	3 Filer ID (Ethics Commission Filers) 00089132									
	LENDER INFORMATION	4 Name of lender Caird, Jessica (Ms.)										
		5 Lender address; City; State; Zip Code										
	CUADANTOD	Humble, TX 77346										
	GUARANTOR INFORMATION	6 Name of guarantor										
	X not applicable	7 Guarantor address; City; State; Zip Code										